



**City of Manchester  
Fire Department**

100 Merrimack Street  
Manchester, New Hampshire 03101-2208  
(603) 669-2256 – BUSINESS  
(603) 669-7707 – FAX



Joseph P. Kane  
Chief of Department

## **INSPECTION AND TESTING FORM**

### **SERVICE ORGANIZATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### **PROPERTY NAME (User)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### **MONITORED BY:**

Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Monitoring Account # or Box # \_\_\_\_\_

### **SERVICE – Submit Form to:**

- ☐ New Install – Communications Division
- ☐ Weekly – Fire Prevention Bureau
- ☐ Monthly – Fire Prevention Bureau
- ☐ Quarterly – Fire Prevention Bureau
- ☐ Semi-annually – Fire Prevention Bureau
- ☐ Annually – Fire Prevention Bureau
- ☐ Other (Specify) \_\_\_\_\_

### **TYPE TRANSMISSION**

- ☐ 100 Mil
- ☐ Digital
- ☐ RF
- ☐ Radio Master
- ☐ Other (Specify) \_\_\_\_\_

### **FIRE ALARM PANEL**

Panel Manufacturer: \_\_\_\_\_  
Panel Model: \_\_\_\_\_  
Circuit Styles: \_\_\_\_\_  
Software Rev. Date: \_\_\_\_\_  
Last System Service Date: \_\_\_\_\_  
Reason for Service: \_\_\_\_\_

## **ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity	Circuit Style	
_____	_____	Manual Stations
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify) _____

## ALARM NOTIFICATION AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify) _____

No. of Alarm Indicating Circuits: \_\_\_\_\_ Are Circuits supervised? ☐ Yes ☐ No

## SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Fire Pump Power
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump/Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other (Specify) _____

### SIGNALING LINE CIRCUITS

Quality and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

### SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage \_\_\_\_\_, Amps \_\_\_\_\_  
 Overcurrent Protection: Type \_\_\_\_\_, Amps \_\_\_\_\_  
 Location (Panel Number): \_\_\_\_\_

- b. Secondary (Standby): \_\_\_\_\_ Storage Battery: Amp-Hr. Rating \_\_\_\_\_

Calculated capacity to operate system, in hours: \_\_\_\_\_ 24 \_\_\_\_\_ 60 \_\_\_\_\_

Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

Location of fuel storage: \_\_\_\_\_

#### TYPE OF BATTERY

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☐ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify): \_\_\_\_\_

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply;  
 \_\_\_\_\_ Emergency system described in NFPA 70, Article 700  
 \_\_\_\_\_ Legally required standby described in NFPA 70, Article 701  
 \_\_\_\_\_ Operational standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

## SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interface Eq.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LED's/Displays	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

### SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input type="checkbox"/>		_____
Load Voltage		<input type="checkbox"/>	_____
Discharge Test		<input type="checkbox"/>	_____
Charger Test		<input type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____

### TRANSIENT SUPPRESSORS

### REMOTE ANNUNCIATORS

☐
☐
☐

### EMERGENCY

### COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-In Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

### INTERFACE EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

### SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Special Procedures: \_\_\_\_\_

Comments: \_\_\_\_\_

## ALARM INITIATING DEVICE TEST INFORMATION

	# OF DEVICES TESTED	PASS/FAIL		# OF DEVICES TESTED	PASS/FAIL
Pull Stations	_____	_____	Audible/Visual units	_____	_____
Heat Detectors	_____	_____	Audible units	_____	_____
Smoke Detectors	_____	_____	Visual units	_____	_____
Duct Detectors	_____	_____	Door Holders	_____	_____
_____	_____	_____	_____	_____	_____

Comments \_\_\_\_\_

\_\_\_\_\_

## SPRINKLER SYSTEM DEVICE INFORMATION

### FLOW SWITCHES

Zone/Device	Time	Zone/Device	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PRESSURE SWITCHES

#### Zone/Device

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Alarm Pressure

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SUPERVISORY SWITCHES

Zone/Device	Functional Test	Zone/Device	Functional Test
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHOM	TIME
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (Notified) of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ON/OFF PREMISES MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**NOTIFICATIONS THAT TESTING IS COMPLETE**

	YES	NO	WHOM	TIME
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

System restored to normal operation:      Date \_\_\_\_\_      Time \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

NAME OF TECHNICIAN (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

NAME OF OWNER/REPRESENTATIVE (PRINT ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_